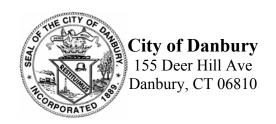


### APPLICATION FOR PERMIT TO INSTALL BUILDING SERVICE EQUIPMENT

#### **Information Sheet**

- FILL OUT APPLICATION AS COMPLETELY AS POSSIBLE AND LEGIBLE
- □ IF PLANS ARE AVAILABE AND ARE NEEDED WITH APPLICATION PROVIDE 2 SETS; IF BUILDING OVER 5,000 SQUARE FT AND/OR SERVICE IS 800 AMPS OR LARGER MUST PROVIDE STAMPED SETS OF DRAWINGS.
- IF IN CONJUNCTION WITH A BUILDING PERMIT--APPLICATION MUST HAVE **BUILDING PERMIT NUMBER**
- □ IF THIS IS FOR A SERVICE FROM CL&P--TEMPORARY, NEW, OR A CHANGE THE CRS (CUSTOMER REQUEST FOR SERVICE) NUMBER MUST BE NOTED.
- NO WORK SHALL BE STARTED UNTIL YOU HAVE RECEIVED PERMIT IN MAIL.
- ALL INSPECTIONS NEED TO BE CALLED IN AND SCHEDULED WITH A SECRETARY, YOU WILL NEED JOB ADDRESS & PERMIT NUMBER, IF THIS IS FOR A SERVICE YOU WILL NEED THE CRS NUMBER ALSO, PLEASE KEEP IN MIND THAT INSPECTION REQUESTS WILL NOT BE TAKEN FROM VOICEMAIL.
- INSULATION SHOULD NOT BE INSTALLED IN ANY LOCATIONS, AND SHOULD NOT BE BLOCKING ANY WALLS.
- PLEASE REMEMBER THE CITY OF DANBURY DOES NOT ALLOW ONE-SIDE SHEETROCK IN ANY AREAS BEFORE ELECTRICAL ROUGH INSPECTIONS.
- ON INSPECTIONS: IF VOICE, DATA, ALARM WIRING IS NOT ROUGHED IN WALLS THERE MUST BE A MIN 3/4" CONDUIT SLEEVE IN WALL CAVITY BEFORE ELECTRICAL ROUGH WILL PASS. SLEEVES MUST HAVE BUSHINGS ON EACH END. ON NEW CONSTRUCTION, NO SNAKING IN WALLS OR JUST PULL STRINGS WILL NOT BE ALLOWED.
- □ ALL PERMITS (OR COPIES) MUST BE POSTED ELECTRICAL, VOICE-DATA, ALARM. AND JOB COPY OF PLANS MUST BE ON SITE OR NO INSPECTION WILL BE MADE.



## APPLICATION FOR PERMIT TO INSTALL BUILDING SERVICE EQUIPMENT

| Alarm:   | Electric:            | Voice Data:                         | Other:            | CRS#             |
|--|----------------------|-------------------------------------|-------------------|------------------|
| Is this in conjunction with a building permit? Yes |                      | No If yes, building permit number # |                   |                  |
| Plans with permit:                                 | Yes                  | No                                  | # of sets:        | _                |
| Job Address:                                       |                      |                                     |                   |                  |
| Property Owner:                                    |                      |                                     |                   | Phone #:         |
| Address:   |                      |                                     | City:             | State:Zip:       |
| Name of Business:                                  |                      |                                     |                   |                  |
| Building Use Group_                                |                      |                                     | Public or Private |                  |
| Current Use:                                       |                      | Proposed Use:                       |                   | Number of Units: |
| Licensed Contract                                  | or:                  |                                     |                   |                  |
| License #:   |                      |                                     | _Classification:  |                  |
| Company Name:                                      |                      |                                     |                   |                  |
| Address:   |                      |                                     | City:             | State:Zip:       |
| Contact Numbers:                                   | Phone Number: Other: |                                     |                   |                  |
| Detailed Work Des                                  | scription:           |                                     |                   |                  |
| (Please be Specific)                               |                      |                                     |                   |                  |
| Total Estimated Co                                 | onstruction Va       | ılue: \$                            |                   |                  |
| Applicant (print):                                 |                      |                                     |                   |                  |
| Applicant Signature                                | •                    |                                     |                   | Date:            |
|  | *** [                | o Not Write B                       | elow This Line ** | <b>*</b>         |
| Permit Fee: \$                                     |                      | Cash / Ck                           | <u> </u>          | Initial:         |
| Assessor's Lot #:_                                 |                      |                                     | Application #:    |                  |
| Taxes, Water, or Se                                |                      |                                     | Code Enforcement? |                  |
|  |                      |                                     |                   |                  |
| Home Owner / Sole                                  | Proprietor Affid     | avit:                               |                   |                  |
| Inspector Signatu                                  | ro.                  |                                     |                   | Date:            |



# CONNECTICUT WORKERS' COMPENSATION INSURANCE AFFIDAVIT

### FOR PROPERTY OWNERS OR SOLE PROPRIETORS

| DATE:  | <u></u>   |
|--|---|
| PROPERTY OWNER(S) NAMEOR SOLE PROPRIETOR   |   |
| PROPERTY LOCATION:   |   |
| In the city of Danbury   |   |
| PROPRIETOR, HEREBY SWEAR AND ATTEST COMPENSATION INSURANCE FROM EACH AN OTHER WORKER BEFORE HE/SHE ENGAGE PROPERTY IN ACCORDANCE WITH THE PROVIDENCE OF A CORPORATION AND PAR EXCLUDED FROM COVERAGE BY FILING A | OF THE CONNECTICUT GENERAL STATUTES, STATUTES IN A BUSINESS MAY ELECT TO BE WAIVER IN ACCORDANCE WITH §31-275, AND RED TO HAVE COVERAGE, UNLESS THEY FILE |
| (Signed)   | (Date)  |
| ОАТН   |   |
| (Note by Congressioner of Superior Court   | "Subscribed and sworn to before me  |
| (NOTARY, COMMISSIONER OF SUPERIOR COURT, JUSTICE OF THE PEACE)   | THIS DAY OF"  |
| DATE COMMISSION EXPIRES:   |   |